| PATENT APP | LICATION FEE                   | DETERMEN   | H ROFE | SCORD I |
|------------|--------------------------------|------------|--------|---------|
|            | LICATION FEE<br>Effective Dece | mber 29.19 | Bi WA  | allable |

Application or Docket Number

Copy 949609

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                                    |          |            |           |   | SMALL ENTITY TYPE |        |                     | OTHER THAN OR: SMALL ENTITY |       |                         |                        |                     |
|--|--|------------------------------------|----------|------------|-----------|---|-------------------|--------|---------------------|-----------------------------|-------|-------------------------|------------------------|---------------------|
| FOR NUMBER FI  |  | R FILED                            | ŀ        | NUMBER 8   | EXTRA ·   | . [   | RATE              | FEE    |                     | RATE                        | ···F  | EE                      |                        |                     |
| BASIC FEE  |  |                                    |          |            |           |   |                   | 345.00 | OR                  |                             | -     | 0.00                    |                        |                     |
| TOTAL CLAIMS & O minus 20=   |  |                                    | 0=       | . 60       |           |   | X\$ 9=            |        | OR                  | X\$18=                      | 10    | 80                      |                        |                     |
| IND  | EPENDENT CL  | AIMS                               | 4        | minus 3    | 3 =       | : 1   |                   |        | X39=                |                             | OR    | X78=                    | 1                      | 18                  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                                    |          |            |           |   |                   | +130=  |                     | OR                          | +260= |                         |                        |                     |
| • If   | * If the difference in column 1 is less than zero, enter "0" in column 2 |                                    |          |            |           |   |                   |        | TOTAL               |                             | OR    | TOTAL                   | 18                     | 48                  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |                                    |          |            |           |   |                   | •      | SMALL ENTITY OR     |                             |       | OTHER THAN SMALL ENTITY |                        |                     |
| ENT A  |  | CLAIM<br>REMAINI<br>AFTER          | S<br>ING |            | PF        | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA  |        | RATE                | ADDI-<br>TIONAL<br>FEE      |       | RATE                    | TIC                    | DDI-<br>DNAL<br>EE  |
| AMENDME  | Total  | - SO                               |          | Minus      | **        | 80  | = )               |        | X\$ 9=              |                             | OR    | X\$18=                  |                        |                     |
| ME   | Independent  | · 4                                | لبيب     | Minus      | ***       | T.  | =                 |        | X39=                |                             | OR    | No.                     |                        | -                   |
| 7  | FIRST PRESE  | NTATION (                          | OF MU    | LTIPLE DEP | ENC       | DENTYCLAIM                                  | •                 | J      | +130=               |                             | OR    | 430                     |                        |                     |
| ١.   | .: 1 ~ 10  | 1                                  |          |            |           |   |                   |        | TOTAL<br>ODIT, FEE  |                             | OR    | TOTAL<br>ADDIT, FEE     | É                      | 3                   |
| į.   | 111 810  | (Columi                            | n 1)     | 1          | (C        | Column 2)                                   | (Column 3)        |        |                     |                             |       |                         |                        |                     |
| ENT B  |  | CLAIM<br>REMAIN<br>AFTEI<br>AMENDM | ING<br>R |            | Pf        | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA  |        | RATE                | ADDI-<br>TIONAL<br>FEE      |       | RATE                    | ADDI-<br>TIONAL<br>FEE |                     |
| WON  | Total  | . 39                               |          | Minus      | **        |   | =                 |        | X\$ 9=              |                             | OR    | X\$18=                  |                        |                     |
| <b>AMENDMENT</b>   | Independent  | • 4                                | 25.40    | Minus      | ***       |   | 8 '               | ]      | X39=                | ,                           | OR    | X78=                    |                        |                     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                                    |          |            |           | <b>.</b>                                    | +130=             | -      | OR                  | +360=                       |       |                         |                        |                     |
|  |  |                                    |          |            |           |   |                   | ı.     | TOTAL<br>ADDIT, FEE |                             | OR    | TOTAL<br>ADDIT FEE      | ·                      |                     |
| ŀ  | •  | (Columi                            | n 1)     |            | <b>(C</b> | Column 2) _                                 | (Column 3)        |        |                     |                             |       |                         |                        |                     |
| ENT C  |  | CLAIM<br>REMAIN<br>AFTEI<br>AMENDM | ING<br>R |            | Pi        | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR: | PRESENT<br>EXTRA  | ] [    | RATE                | ADDI-<br>TIONAL<br>FEE      |       | RATE                    | TK                     | DDI-<br>ONAL<br>FEE |
| AMENDMENT  | Total  | •                                  |          | Minus      | **        |   | =                 |        | X\$ 9= ·            |                             | OR    | X\$18=                  |                        |                     |
|  | Independent  | •                                  |          | Minus      | ***       | • ,   | =                 | ]      | X39=                |                             | OR    | X78=                    | T                      |                     |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                    |          |            |           |   | ┚╏                |        |                     |                             | +260= | 一                       |                        |                     |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |                                    |          |            |           |   |                   |        |                     |                             |       |                         |                        |                     |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                    |          |            |           |   |                   |        |                     |                             |       |                         |                        |                     |